Public Hearing for Senate Bill 1085 – Yale Law School, Veterans Legal Services Clinic

Written Testimony Concerning Proposed S.B. 1085,
An Act Concerning the Legalization of the Retail Sale and Possession of Cannabis and Concerning Erasure of Criminal Records in the Case of Convictions Based on the Possession of a Small Amount of Cannabis

Distinguished members of the Committee on the Judiciary, we are members of the Veterans Legal Services Clinic at Yale Law School. We represent the Connecticut chapter of Iraq and Afghanistan Veterans of America (IAVA-CT). Today we write in support of S.B. 1085, An Act Concerning the Legalization of the Retail Sale and Possession of Cannabis and Concerning Erasure of Criminal Records in the Case of Convictions Based on the Possession of a Small Amount of Cannabis.

Veterans support efforts to legalize cannabis for adults in Connecticut. Cannabis access is a veterans' issue, and we thank the Committee for recognizing it as such. We believe that full legalization of cannabis is the best way to ensure that those who need palliative marijuana can access it, and to prevent cannabis users' unnecessary contact with the criminal justice system. With proper attention to the equitable allocation of business permits, legal cannabis also creates new economic opportunities for veterans and other Connecticut residents.

Connecticut veterans continue to benefit from this state's existing medical marijuana program, but even with the much-needed technical improvements currently under consideration by other committees, the medical marijuana program will never provide meaningful access to palliative marijuana for all of the veterans who need it. Connecticut veterans face numerous barriers to accessing medical marijuana. Even though cannabis has been shown to have therapeutic value for a significant number of service-connected conditions like chronic pain and

PTSD, <sup>1</sup> federal Department of Veterans Affairs physicians are prohibited from prescribing medical marijuana. In fact, physicians at the VA are barred from even discussing the potential benefits of medical cannabis with their veteran patients. From a public health perspective, this policy is disastrous. Instead of prescribing cannabis, VA doctors frequently turn to opioid prescriptions for pain management, and veterans without prescriptions are likelier to self-medicate with riskier substances like alcohol or illegal opioids.<sup>2</sup>

Connecticut's cannabis policies frequently make matters worse. When a veteran who relies on VA care wants to access medical marijuana, the veteran must first go outside the VA system and find a new doctor who can certify the veteran for Connecticut's medical marijuana program, paying that doctor out of pocket. The veteran then must register with the state and pay Connecticut's \$100 registration fee. Under Connecticut's current rules, these costs repeat year after year. It is simply unacceptable that low-income veterans must pay hundreds of dollars per year in additional administrative fees — all before even purchasing the drug itself. We hope that the Committee on General Law and other committees considering adjustments to the state's medical marijuana program will follow the examples set by other New England states that have reduced or eliminated out-of-pocket fees for veterans, but even if they do, the VA's long-

<sup>&</sup>lt;sup>1</sup> See, e.g., Trezza V, Campolongo P. The endocannabinoid system as a possible target to treat both the cognitive and emotional features of post-traumatic stress disorder (PTSD). Frontiers in Behavioral Neuroscience 2013;7(100):1-5; 21. Passie T, Emrich HM, Karst M, Brandt SD, Halpern JH. Mitigation of post □traumatic stress symptoms by Cannabis resin: A review of the clinical and neurobiological evidence. Drug Testing and Analysis 2012; 4(7-8): 649-59; Greer GR, Grob CS, Halberstadt AL. PTSD symptom reports of patients evaluated for the New Mexico Medical Cannabis Program. Journal of Psychoactive Drugs 2014;46(1):73-7. For a review of recent studies, see Stoner S., Efects of Marijuana on Mental Health: Posttraumatic Stress Disorder (PTSD), Alcohol & Drug Abuse Institute, University of Washington (June 2017) (available at: http://adai.uw.edu/pubs/pdf/2017mjptsd.pdf.).

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<sup>2</sup> See, e.g., Bachhuber MA, Saloner B, Cunningham CO, et al. Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999–2010. JAMA Intern Med. 2014;174:1668–1673; Bradford AC, Bradford DW. Medical marijuana laws reduce prescription medication use in Medicare part D. Health Affairs. 2016;35:1230–1236.

<sup>&</sup>lt;sup>3</sup> Massachusetts, for example, has authorized a waiver of its registration fee for veterans, as well as for low-income people in the state for whom the cost of registration is prohibitive. *See* Mass. Gen. L. § 94C; 105 C.M.R. 725.700. Rhode Island provides a 50% discount for veterans with a disability. *See* 216 R.I.C.R. 20-10-3, *available at* 

standing policies mean that veterans will continue to face unique difficulties when attempting to access medical marijuana. Full legalization is therefore the best way to ensure that veterans who need palliative marijuana are able to access it.

As long as it remains illegal in the State of Connecticut, many veterans with PTSD and other conditions may continue to cross state lines into Massachusetts, where recreational cannabis is legal, in order to buy enough to serve their medical needs until they have the time and money to make another trip. Or, veterans may seek out illegal cannabis on the street, which exposes them to both criminal penalties and to cannabis that may have been tampered with.

Despite the decriminalization of small amounts of cannabis in Connecticut, estimates suggest that more than 100 Connecticut veterans are arrested *each year* for cannabis-related violations. Veterans with criminal records are far likelier to experience unemployment and homelessness.

Yet another reason to support legalization is that it will create economic opportunities in the newly legal retail cannabis industry. These opportunities can be especially impactful for veterans, who frequently face higher-than-average unemployment rates. In the event that cannabis is legalized in Connecticut, it will be important to ensure that these opportunities are shared equitably. We therefore join other advocates in supporting "equity" provisions—currently under consideration by the Committee on General Law—which would ensure that individuals with cannabis-related convictions and individuals from communities that have been disproportionately affected by the enforcement of cannabis criminalization are provided an equal opportunity to participate in the cannabis industry. We hope that the General Assembly will consider extending these equity provisions to less-than-Honorably discharged veterans who can demonstrate, via affidavit or other documentation, that their military discharge was related to the

possession of cannabis. Like individuals with criminal convictions for possession, less-than-Honorably discharged veterans are often among those who have suffered most from the harmful effects of existing federal and state marijuana laws. Veterans are frequently discharged from military service with less-then-Honorable statuses as a result of cannabis-related misconduct. These veterans have greater difficulty obtaining jobs after returning home. And service members of color are up to two times more likely than their white peers to receive less-than-honorable discharges.

Connecticut has been a leader among the states in ensuring that all of its veterans are taken care of. Unfortunately, veterans continue to be adversely affected by state and federal marijuana laws, which not only make it difficult for veterans with PTSD and other conditions to access safe and affordable cannabis for their medical needs, but which also put veterans and others at risk of being caught up in the criminal justice system. In addition to the economic benefits of legalization, these are just a few of the reasons that Connecticut veterans support full cannabis legalization.

We thank the Committee for their attention to this issue.

Yale Law School Veterans Legal Services Clinic

Mollie Berkowitz, Law Student Intern Meghan Brooks, Law Student Intern Samuel E. Frizell, Law Student Intern Tristan Hood, Law Student Intern Jonathan Petkun, Law Student Intern